

**Architectural Design Review** 

CITY OF GULFPORT Urban Development - Planning Division 1410 24th Avenue Gulfport, MS 39501 (228) 868-5710

# Architectural Review Committee Application

### **REQUESTED ACTION BY THE Architectural Review Committee**

(A separate submission form is required for each request):

	Sig	Signs																													
									Ta	ax F	Par	rce	l Nı	uml	ers	5															
П		Τ-	П		-	T	T	Τ.	Τ	T	Т		Γ	Τ	Τ	Τ		T	-			Τ-	Τ	Τ	T	Т					
		-			-					Ī	Ī					T		Ť	-			-									
		-			-											T		I	-			-									
Proper I hereby certify th agree to comply v request or have at	vith all a	read o	and u	ınder city u	rstai code	nd this	s app	OW licat	NER tion and	RSHI and sta	IP A d th	AND hat i	CER all i	RTIFI infol Fina	CAT matelly,	ION: tion (	and rtify	ati	at	l an	7 t/	ie o	WNE	er o	f th	e p	rop	erty	inv inv	olve	d in this
Printed Name o	f Owner	ov	VNER	₹										 Pri	 ntec	 I Na	me	of .	 Agı	 ent			AGI	ENT							
Mailing Address										 Mai	ling	Ad	dre:	ss												-					
City		S	tate				Zi	ip co	ode					City	,							St	ate						Ziţ	C00	de
Home Phone	one Work/Cell Phone					(2004) (2004)				Home Phone Work/Cell Phone																					
Email														Em	ail																
	Signature of Owner																	Siç	nai	ure	of	Age	ent								
				97.VOL.Ser		ansanasan		eames			nefore			Children I	-Wenn		1000	THE CASE						Mary Tile			MESSAWA AND AND AND AND AND AND AND AND AND AN	and a	SKIESTALE		

This page must be completed if the property or properties involved have more than one owner. All persons listed as owners to the property or properties listed on page one must complete and sign this part of the application. We can only accept applications with *original signatures*.

I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am the owner of the property involved in this request or authorized to act as the owner's agent for herein described request.

NAME OF OWNER (PRINT)		
ADDRESS (STREET, CITY, STATE, ZIP CODE		
PHONE # (H)	(WK/CELL)	
TAX PARCEL NUMBER(S) OWNED		 
SIGNATURE:		 
NAME OF OWNER (PRINT)		
ADDRESS (STREET, CITY, STATE, ZIP CODE		 
PHONE # (H)	(WK/CELL)	
TAX PARCEL NUMBER(S) OWNED		<u> </u>
SIGN:		 
NAME OF OWNER (PRINT)		
ADDRESS (STREET, CITY, STATE, ZIP CODE:		
PHONE # (H)	(WK/CELL)	

Impor	tant	N	loti	CE
-------	------	---	------	----

- 1. Please be advised that failure to submit a complete application, with all supporting documents, could **delay your hearing date**. The Architectural Review Committee will not consider a request until all information is submitted and accurate.
- 2. Please be advised that the application deadline dates posted are designed to allow the staff time to review the application and receive required comments from coordinating agencies. The application is not considered complete until all required information from the applicant is available for review by the staff and coordinating agencies.
- 3. All boxes will need to be *initialed by applicant* with required documentation before application can be accepted.

A 1			PR.		
Suh	mis	nnız	Ken	IIIIrei	ments
***		* * * * * * *		****	1141144

- Page one of this application, completed and signed.
- Site plan. Please note that approval of your request, in part, is based on your site plan.
- The property lines and dimensions have been provided on the drawing.
- All buildings and structures located on the property have been identified.
- All dimensions of buildings and structures have been noted on the site plan.
- All distances from the property lines to all the buildings and structures have been identified and noted on the site plan.
- Street names have been provided which abut the property.
- Traffic flow, parking and driveways have been identified.
- If required buffer strips have been identified
- Other pertinent information as needed to pictorially demonstrate the proposed development/use.
- Provide Color Drawings.
- If applicable, notarized proof of <u>authority to act as agent</u> for owner (board resolution, etc.) or a contract that proves the ability to represent the owner.

The City of Gulfport Planning Division Staff will notify, by letter, property owners adjacent to the requested action identified in this application using the Land Roll database from the County Tax Office. If you would like to have additional persons or property owners notified, please provide a list of additional persons to be notified.

<u>annot be met</u>
attachment.
sible by right, th respect to
S

☐ I the owner/agent acknowledge this is a complete application

uses of land or structures.

## City of Gulfport

### Architectural Review Committee

## 2023 Meeting Dates & Application Deadlines

Architectural Review Committee meetings are on Thursdays in the Council Chambers at
Gulfport City Hall located at 2309 15th Street.

Architectural Review Committe meetings begin at 3:00 p.m.

You will be notified by letter of the time and location that your request will be considered.

\*\*Applicant or certified Agent is required to attend this meeting in order for the request to be heard.\*\*

Application Deadline	Architectural Review Committee					
January 31, 2023	February 9					
February 27	March 9					
April 3	April 13					
May 1	May 11					
May 30	June 8					
July 3	July 13					
July 31	August 10					
September 5	September 14					
October 2	October 12					
October 30	November 9					
December 4	December 14					
II						

Please be advised that the application deadline dates posted are designed to allow the staff time to review the application and receive required comments from coordinating agencies. Meeting dates listed do not guarantee your application hearing date. The application is not considered complete until all required information is available for review from the applicant and coordinating agencies. Dates, time, and location are subject to change without notice.